

MCCORMACK, HELEN

ID:0104551062

27-JAN-2021 10:01:24

NHS Lothian-SJHA&E ROUTINE RECORD

01-APR-1955 (65 yr)
Female Unknown

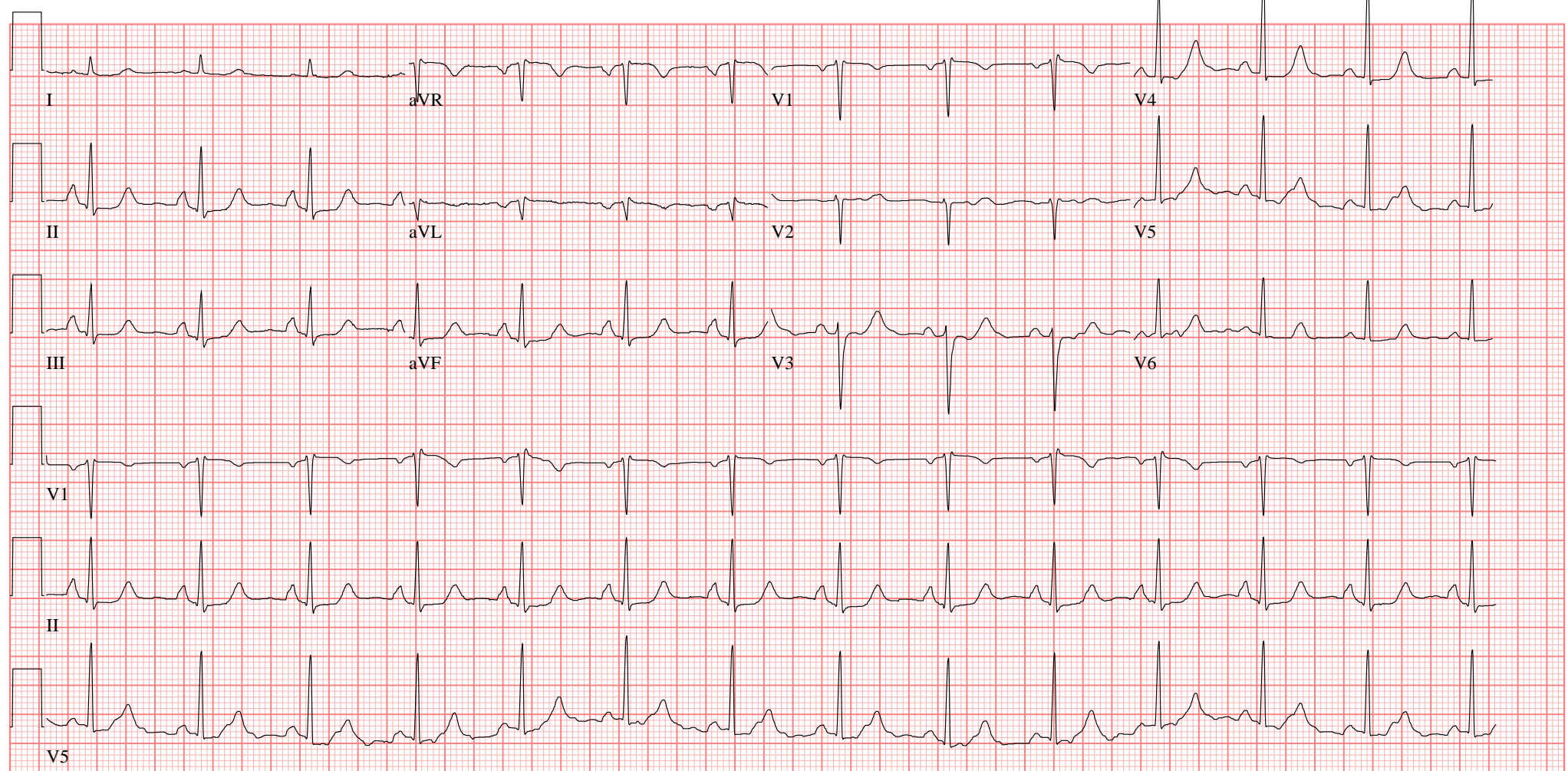
Vent. rate	82	BPM
PR interval	138	ms
QRS duration	88	ms
QT/QTc	369/431	ms
P-R-T axes	88 75	68

Room:
Loc:230

Technician:
Test ind:

Referred by:

Unconfirmed



25mm/s 10mm/mV 150Hz 8.0.1 CID: 42379

SID: 1405112 EID: EDT: ORDER:

0104551062

mccormack, helen

27/01/2021 10:01:24

DOB 01/04/1955 65 Years

St Johns Hospital (1)

SJH A&E (230)

Rate 82

PR 138

QRSD 88

QT 369

QTc 431

--AXIS--

P 88

QRS 75

T 68

12 Lead; Standard Placement

Handwritten:
NGR. rsk 82.
nil acute

800130598V /E4627265 F

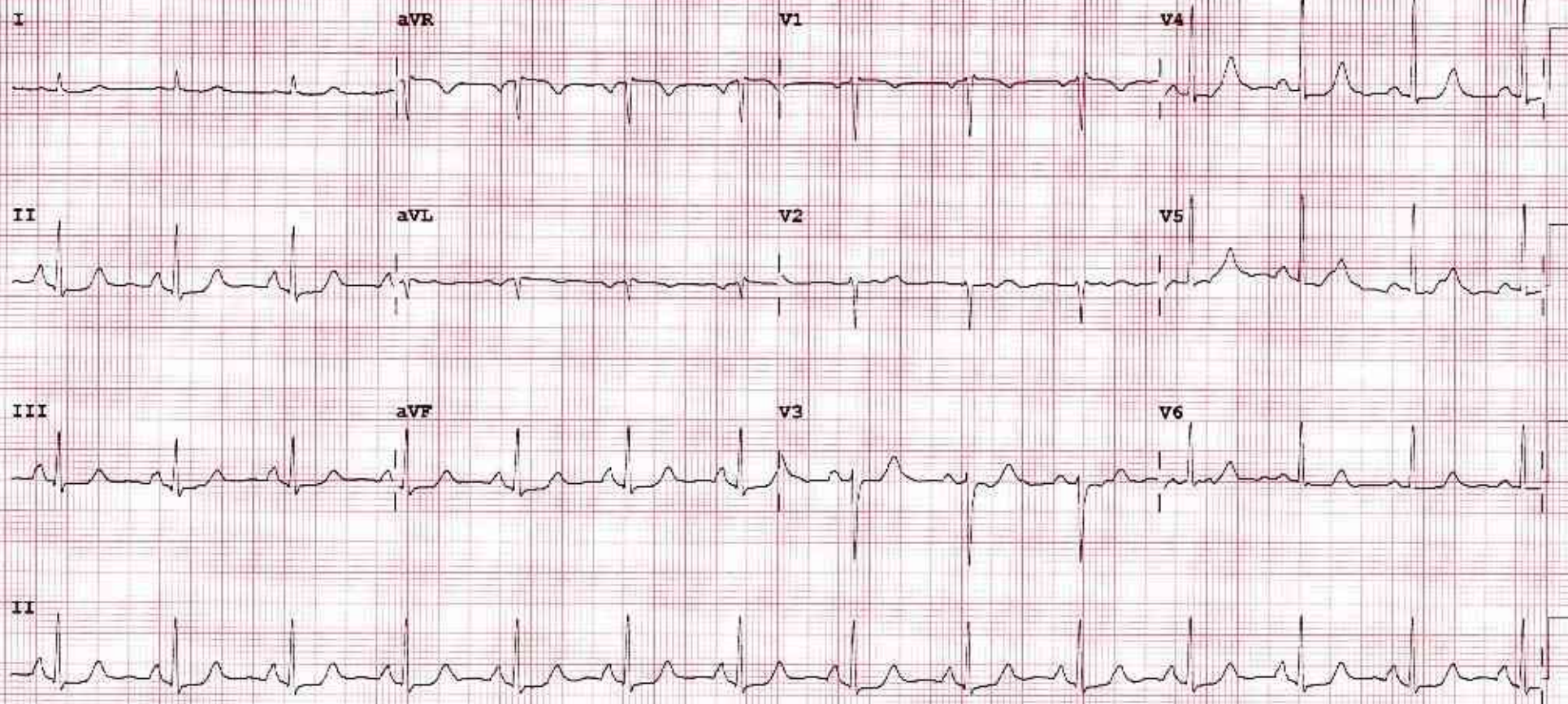
MCCORMACK Helen

01-Apr-55 CHI: 010 455 1062

78330 SK Black

121 Rowan Street West Lothian

EH47 7ED



Device: 42379

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

100B

CL

P?

Mission: 20230807103650

Time: 11:41

Mission start: 07.08.2023 11:36 UTC+01:00

Patient: --, --

ID: --

Case No.: --

ge):

---,--- (-)

Weight: --

NIBP: --

RR: -- /min

PR: 91 /min

800130598V /E5431843 F

MCCORMACK Helen

01-Apr-55 CHI: 010 455 1062

78330 RH Parker

121 Rowan Street West Lothian

EH47 7ED



E0002696

3645

--
--

Callback phone:

ECG filter: 0.05 - 40 Hz

Mains filter: 50 Hz

Page 1

REL-3.1.3 C3_BP

ECG FILTER ACTIVE - INTERPRETABILITY MAY BE AFFECTED

25 mm/s

I

1mV



II



III



Page 2

REL-3.1.3 C3 BP

Page 3

REL-3.1.3 C3 BP

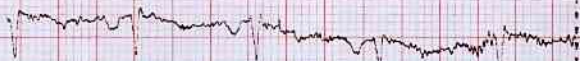
25 mm/s

aVR

1mV



aVL



aVF



25 mm/s

V1

1mV



V2



V3



Page 4

REL-3.1.3_C3_BP

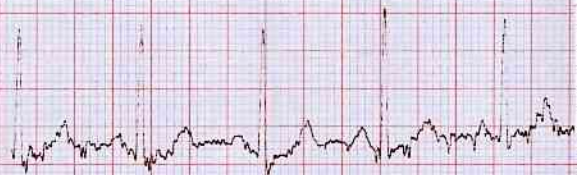
25 mm/s

V4

1mV



V5



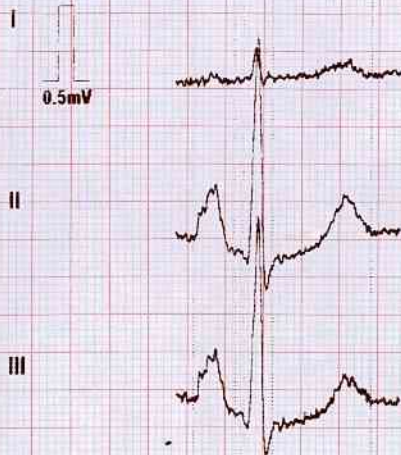
V6



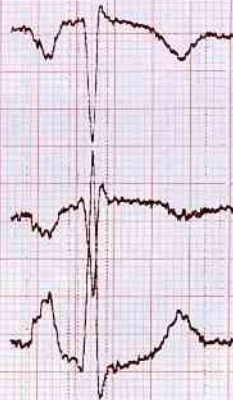
Page 5

REL-3.1.3_C3_BP

50 mm/s



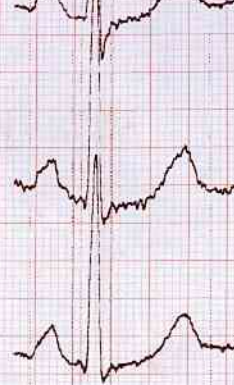
aVR



V1



V4



25 mm/s



MCCORMACK, HELEN

Female
01.04.1955 (68 Years)

Vent. rate 82 BPM
PR interval 132 ms
QRS duration 74 ms
QT/QTc-Baz 360/420 ms
P-R-T axes 84 77 81

Patient ID: 0104551062
Normal sinus rhythm
Batrial enlargement
Cannot rule out Anterior infarct,
age undetermined
Abnormal ECG

07.08.2023 12:15:35 PM
St John's Hospital

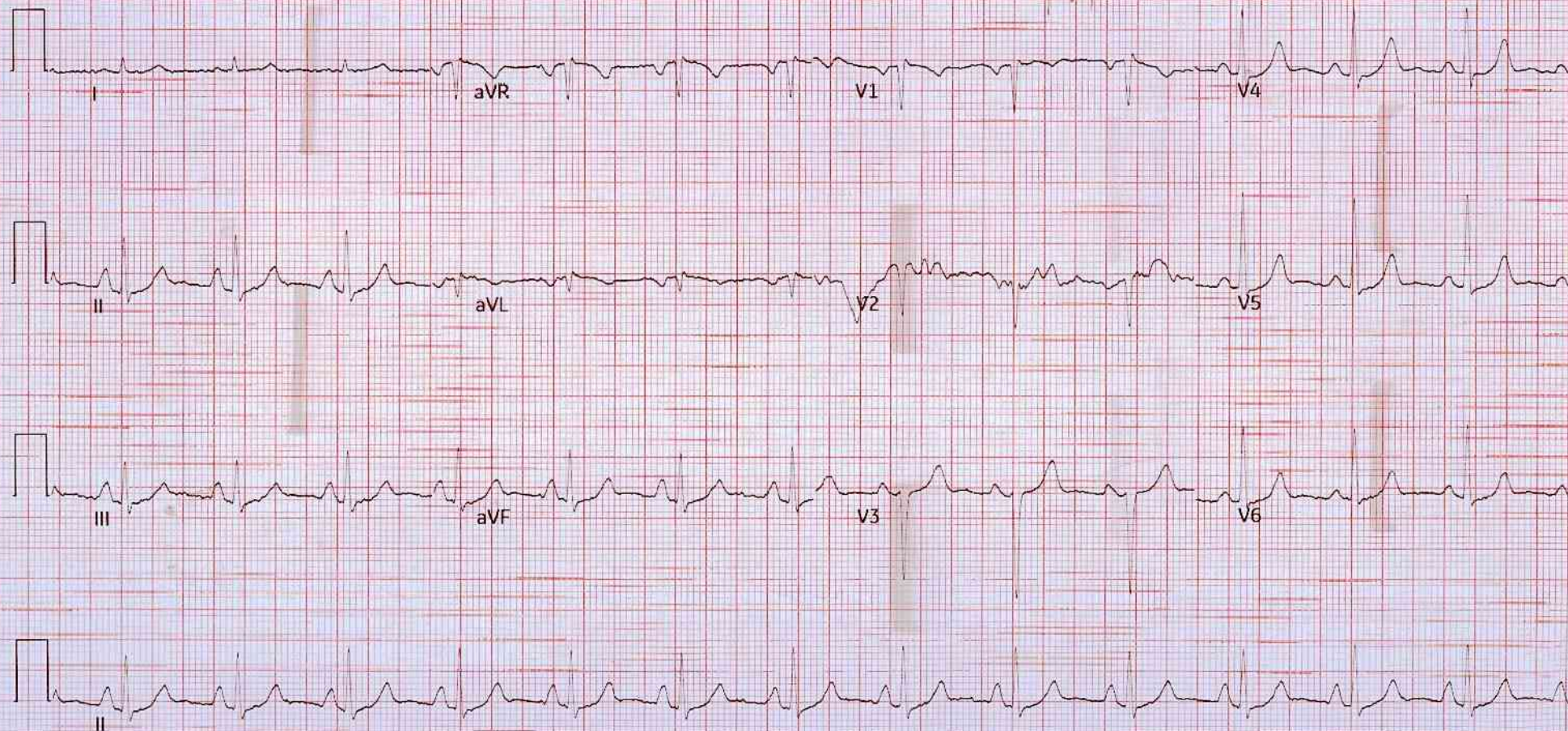
PRINTED IN UK

Location:
Comments:

not acute

STH Fx4

800130598V / E5431843 F
MCCORMACK Helen
01-Apr-55 CHI: 010 455 1062
78330 RH Parker
121 Rowan Street West Lothian
EH47 7ED



01-Apr-1955 (68 yr)

Vent. rate

82

BPM

Female Unknown

PR interval

132

ms

Room:

QRS duration

74

ms

Loc:230

QT/QTcB

360/420

ms

P-R-T axes

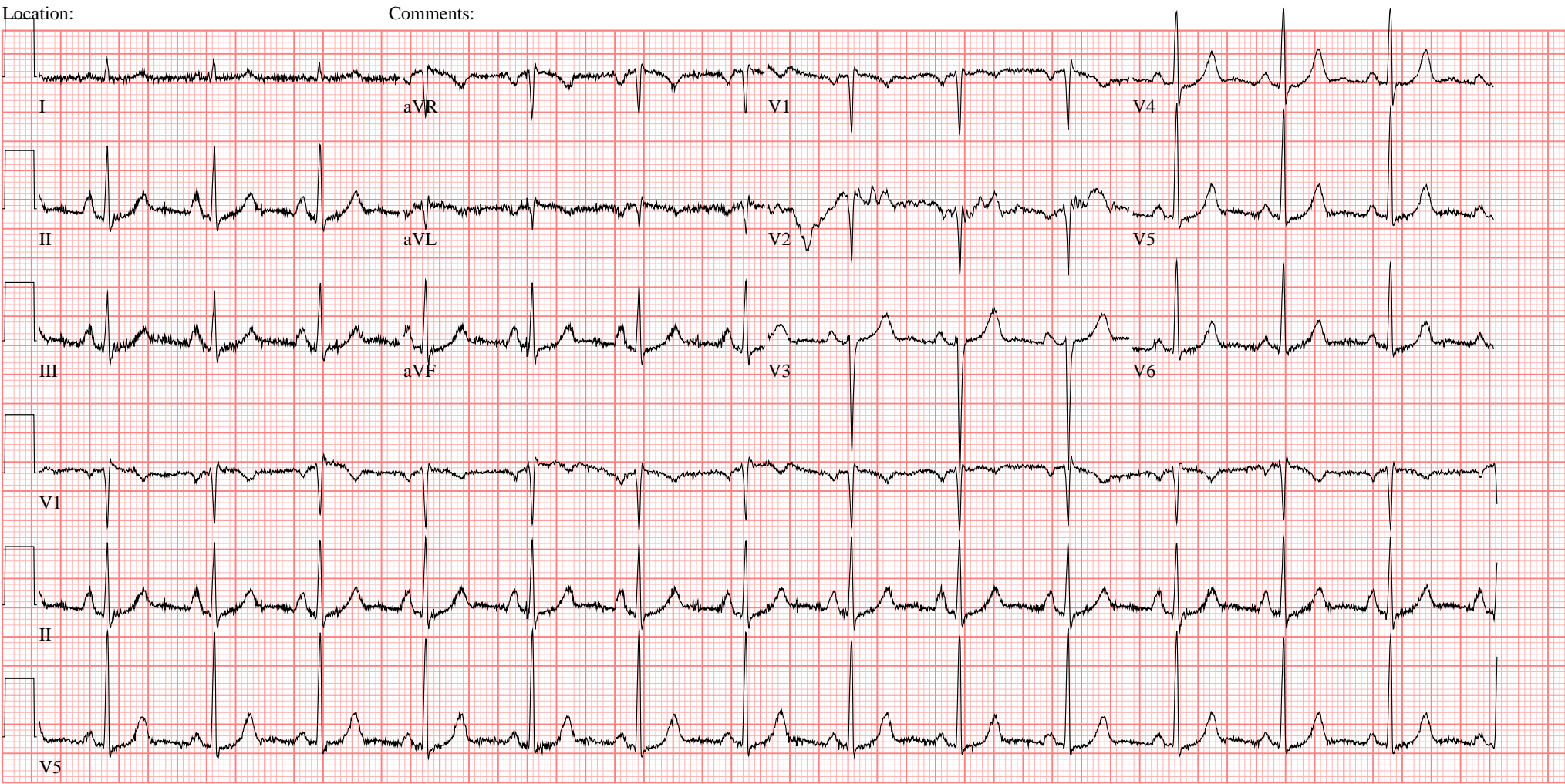
84

77

81

Technician:

Test ind:



Report

Macro Report

Gastric antrum. 3 mm biopsy.

Micro Report

The gastric mucosa shows mild active gastritis. Helicobacteria are present on the mucosal surface.

Dr R Davie/MF

Requestor Comments

BX GASTRIC ANTRUM

Report Information

Requestor WILLIAMS B=15, A.
Requesting Location (GAS) Gastroenterology Out-Patients
Report Identifier JB05563/06
Sample Date 01/08/2006 00:00:00

XR Chest

XR Chest

Clinical details

Unintentional weight loss. Smoker. Chest clear.

Report

Normal cardiac and mediastinal contours.
The lungs and pleural spaces appear clear. Bony thorax intact.

Reporting Radiologist: Dr Sarah E Chambers

Report Information

Requestor TURNER, HELEN
Requesting LocationAshgrove Group Practice
Report Identifier 11976206
Sample Date 16/03/2012 09:12:00

US Abdomen

US Abdomen

Clinical details

Weight loss, alcohol xs. Slightly tender epigastrium with back pain ?pancreas.

Report

The liver appears normal in size, shape and echopattern. No hepato-biliary dilatation demonstrated. Normal appearances gallbladder and CBD.

No abnormality demonstrated in the head and body of pancreas, aorta, spleen or kidneys.

Reporting Radiologist: Alison Bridge

Report Information

Requestor	LAVERY, JOHN
Requesting Location	Ashgrove Group Practice
Report Identifier	12104440
Sample Date	19/04/2012 15:00:00

XR Foot Rt

XR Foot Rt

Clinical details

went over right foot yesterday swollen and tender 4th 5th mt

Report

No fracture seen.

Reporting Radiologist: Dr P S Bailey

Report Information

Requestor French, Sheila
Requesting Location (SJHAE) A&E, St John's Hospital
Report Identifier 14752307
Sample Date 31/03/2013 12:31:00

XR Chest

XR Chest

Clinical details

XR Chest

weight loss, left chest wall pain chest clear / Chest

CXR

Normal heart and mediastinal outline. The lungs are clear

Reported by Dr L Wong (Consultant Radiologist)

Reporting Radiologist: Dr Li Wong

Report Information

RequestorMARSHALL, CATHERINE

Requesting LocationAshgrove Group Practice

Report Identifier23396967

Sample Date14/03/2016 11:50:00

XR Chest

XR Chest

Clinical details

XR Chest

"smokes, cough for three months, green sputum, chest clear " / Chest

Report

Normal heart and mediastinal contours. Lungs clear with normal pulmonary vascularity.

Reported by Dr Domenyk Brown

Reporting Radiologist: Dr Domenyk Brown

Report Information

Requestor MARSHALL, CATHERINE

Requesting Location Ashgrove Group Practice

Report Identifier 34722488

Sample Date 03/01/2020 12:05:00

XR Chest

XR Chest

Clinical History

65F self presents with intermittent chest pain at rest. CXR to assess lung fields and mediastinum

5383662 27/01/2021 XR Chest

Normal cardiac, mediastinal and hilar contours.
The lungs are markedly hyperinflated with attenuated pulmonary vascularity and lobe, flattened diaphragms,, suggesting emphysema/COPD, with no focal consolidation or collapse.
No change from the previous radiograph of 03/01/2020.

—
Dr Colin Turnbull. GMC: 1327812
Consultant Radiologist
Colin.Turnbull@nhslothian.scot.nhs.uk

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor Carvill, Michael
Requesting Location (SJHAE) A&E, St John's Hospital
Report Identifier 37742850
Sample Date 27/01/2021 11:15:00

XR Chest

XR Chest

Clinical History
cough abdo pain wt loss / Chest

6977060 06/12/2022 XR Chest

The lungs are emphysematous. Heart and mediastinal contours are normal. No focal collapse or consolidation. No significant interval change compared with January 2021.

—
Dr Domenyk Brown. GMC: 4403432
Consultant Radiologist.

Reporting Radiologist: Dr Domenyk Brown

Report Information

Requestor CHIN, DAVID
Requesting Location Ashgrove Group Practice
Report Identifier 43935292
Sample Date 06/12/2022 13:15:00

XR Chest

XR Chest

Clinical History
Chest pain. ?Consolidation

7572815 07/08/2023 XR Chest
Reference previous 06/12/2022.

AP projection precludes accurate cardiomediastinal assessment.
The lungs are hyperinflated.
No focal consolidation.
No new pneumothorax or visible pleural effusion in (the right costophrenic angle has not been included).

—
Dr Alastair McKenzie. GMC 7329062
Radiology Consultant.

Reporting Radiologist: Dr Alastair S Mckenzie

Report Information

Requestor Trudeau, Dr Tom
Requesting Location (SJHAE) SJH A&E
Report Identifier 46118956
Sample Date 07/08/2023 13:38:00

XR Chest

XR Chest

Clinical History

"cough 3 months following Covid. Lungs clear " / Chest

8100019 18/03/2024 XR Chest

Normal cardiac and mediastinal contour. The heart is not enlarged
Lungs are clear.
No pneumothorax or evidence of heart failure.
No significant bony abnormality.

—
Dr John Taylor. GMC: 4635723
Consultant Radiologist.

Reporting Radiologist: Dr John N Taylor

Report Information

Requestor CHIN, DAVID
Requesting Location Ashgrove Group Practice
Report Identifier 48076001
Sample Date 18/03/2024 09:30:00

XR Lumbar Spine

XR Lumbar Spine

Clinical History

Fall backwards - pain in mid lumbar spine - plain film shows L4 (body displaced fracture) and L3 fracture (wedge) - please CT L spine to further delineate fracture and to assess stability

8368251 17/06/2024 CT Spine Lumbar
8368000 17/06/2024 XR Lumbar Spine

No previous for comparison.

Five lumbar segments.

Compression fracture of L3 vertebral body with depression of the L3 superior endplate. Mild concavity of the inferior endplate. Anterior cortex is involved at the anterosuperior corner of the vertebral body. No involvement of the posterior cortex.

Burst fracture of the L4 vertebral body. This involves the superior and inferior endplates as well as the anterior and posterior cortex. 3 mm retropulsion of fracture fragments.

No other vertebral fracture identified. No listhesis.

No abnormality of the partially visualised intraabdominal organs on this noncontrast examination.

Normal visualised lungs.

Opinion:

Burst fracture of L4 vertebral body involving anterior and posterior cortices and superior and inferior endplates. 3 mm retropulsion of fracture fragments posteriorly.

Compression fracture of L3 vertebral body with depression of the superior endplate. Posterior cortex is not involved.

Neurosurgical discussion is advised, particularly regarding the L4 fracture.

—
Dr Sami Syed, Radiology ST4

Reporting Radiologist: Dr Sami Syed

Report Information

Requestor Wilson, Dr Emma-Beth
Requesting Location (RIEAE2) 2 - IC, A&E
Report Identifier 49031249
Sample Date 17/06/2024 17:36:00

CT Spine Lumbar

CT Spine Lumbar

Clinical History

Fall backwards - pain in mid lumbar spine - plain film shows L4 (body displaced fracture) and L3 fracture (wedge) - please CT L spine to further delineate fracture and to assess stability

8368251 17/06/2024 CT Spine Lumbar
8368000 17/06/2024 XR Lumbar Spine

No previous for comparison.

Five lumbar segments.

Compression fracture of L3 vertebral body with depression of the L3 superior endplate. Mild concavity of the inferior endplate. Anterior cortex is involved at the anterosuperior corner of the vertebral body. No involvement of the posterior cortex.

Burst fracture of the L4 vertebral body. This involves the superior and inferior endplates as well as the anterior and posterior cortex. 3 mm retropulsion of fracture fragments.

No other vertebral fracture identified. No listhesis.

No abnormality of the partially visualised intraabdominal organs on this noncontrast examination.

Normal visualised lungs.

Opinion:

Burst fracture of L4 vertebral body involving anterior and posterior cortices and superior and inferior endplates. 3 mm retropulsion of fracture fragments posteriorly.

Compression fracture of L3 vertebral body with depression of the superior endplate. Posterior cortex is not involved.

Neurosurgical discussion is advised, particularly regarding the L4 fracture.

—
Dr Sami Syed, Radiology ST4

Reporting Radiologist: Dr Sami Syed

Report Information

Requestor Brown, Rebecca Jessica
Requesting Location (RIEAE2) 2 - IC, A&E
Report Identifier 49032480
Sample Date 17/06/2024 21:20:00

DEXA Scan

DEXA Scan

Clinical History

Dear ColleagueAbove fell backwards yesterday and sustained vertebral fractures: L3 and 4Many thanks / Exclude osteoporosis

8508636 11/09/2024 DEXA Scan

DEXA Non Standard Report

Referral from: GP

DEXA scanner serial no:304363m

Spine(L1-L2) BMD= 0.510 (g/cm2) T-Score=-4.3 Z-Score= -2.3

Neck of Femur (R) BMD= 0.456 (g/cm2) T-Score=-3.5 Z-Score= -1.8

Total Hip (R) BMD= 0.491 (g/cm2) T-Score= -3.7 Z-Score= -2.2

T-score: BMD value in relation to young adult mean value of reference data, expressed in terms of standard deviations.
Z-score: BMD value in relation to age matched mean value of reference data, expressed in terms of standard deviations.
Total hip and spine are the most reliable for monitoring treatment response.

Height (cm):154.0
Weight (kg):39.0

FRAX*: Hip fracture%: 26 Major osteoporotic fracture%:38
*10 year absolute fracture risk (<http://www.shef.ac.uk/FRAX/index.htm>)
(Calculation includes neck of femur BMD)

Estimated dietary calcium intake: 557 mg/day (>=700mg/day is advised)

BMD interpretation:
WHO Diagnostic classification*: OSTEOPOROSIS with confirmed vertebral fractures
(*T-score >-1 = Normal; <-1.0 to -2.4 = osteopenia <= -2.5 = osteoporosis. The site with the lowest T-score is used for diagnostic purposes)

Spine: Previously reported vertebral fracture at L 3&4 on x-ray /CT(17/06/2024) The presence of vertebral fractures increases the likelihood of further vertebral fractures independent of BMD.s

Management Advice:

This patient has been referred to the specialist bone clinic (at the Western General Hospital) for further investigations and treatment advice.
The patient will receive a letter inviting them to attend the clinic.

Reported by: Janice Anderson
Specialist DEXA Technologist
HCPC no: RA 28286

Reporting Radiologist: Janice Anderson

Report Information

Requestor CHIN, DAVID
Requesting Location Ashgrove Group Practice
Report Identifier MP0095503

XR Chest

XR Chest

Clinical History

Smoker, 3 week history of cough, no benefit from abx.chest clear?malignancy / Chest

9618845 29/10/2025 XR Chest

Normal cardiac, mediastinal and hilar contours.
The lungs are hyperinflated and clear with normal pulmonary vascularity.

—
Dr Colin Turnbull. GMC: 1327812
Consultant Radiologist.

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor CHIN, DAVID
Requesting Location Ashgrove Group Practice
Report Identifier 53633134
Sample Date 29/10/2025 11:40:00